

Progress on the Implementation of IC 16-38-4-7 (Birth Problems Registry)

As amended in First Regular Session

112th General Assembly (2001)

Reporting Period: July 2006-June 2007

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The Indiana Birth Defects and Problems Registry (IBDPR) is a population-based surveillance system designed to aid in the prevention of birth defects and childhood developmental disabilities and to enhance the quality of life of affected Indiana residents.

Birth defects are conditions present at birth that affect the structure or function of an infant's body. They can cause physical, mental, and medical problems. Some birth defects such as cleft lip or club foot are easy to observe, but others such as heart defects are found using special tests such as echocardiograms. About one out of 33 babies is born with a major birth defect in the United States. Birth defects are the leading cause of death in infants. The lifetime cost of caring for children born with birth defects each year is estimated to be about \$8 billion (from a 1995 California study based on 1992 dollars). Some of these defects are entirely preventable, while others could be identified early and treated or managed in order to improve the quality of life of affected infants and their families. (See web site:

www.in.gov/isdh/programs/ibdpr/index.htm.)

The 1986 Indiana General Assembly enacted a law (IC 16-4-10-6) to establish the Birth Problems Registry by January 1, 1987. In 2001, the Indiana Birth Problems Registry law (IC 16-38-4-7; 410 IAC 21-3) was amended to allow additional data sources to be used to improve the quality of the data. Data from the Indiana Birth Defects and Problems Registry will be used to detect trends in birth defects and suggest areas for further study; to identify epidemiological factors associated with birth defects; to address community concerns about the environmental effects on birth outcomes; to evaluate education, screening, and prevention programs; and to establish efficient referral systems that provide special services for the children with identified birth defects and their families.

The Indiana State Department of Health (ISHD) staff obtained a three-year CDC Cooperative Agreement, a four-year Health Resource Service Administration (HRSA) Genetics Implementation Grant, a HRSA State Systems Development Initiative (SSDI), and HRSA's Title V Block Grant to fund the development of the enhanced IBDPR both programmatically and technically.

To improve the follow up services of the Universal Hearing Screening Program of ISDH, the IBDPR rule was amended to include hearing loss as a reportable condition and to require audiologists to report hearing loss diagnoses to the ISDH. The rule amendment process was completed in September 2006 and the final rule was published in the Indiana Registry October 2006. Hospitals, physicians, psychologists and audiologists were informed about the expansion of the IBDPR rule by mail. Since in January 2007, all data providers are required to report hearing loss data.

Case Ascertainment

The Indiana Birth Defects and Problems Registry (IBDPR) is considered a “passive” system because initial case ascertainment is through the electronic submission of hospital discharge data (HDD) with defined ICD-9-CM codes that identify birth defects and problems. However, in the early stages of program development, it was determined that up to 25 percent of the HDD were invalid. Therefore, the program protocol initially includes completing medical chart audits on the 44 CDC-targeted conditions reported to ISDH to ensure the data submitted to CDC is as valid as possible and to ensure information sent to families is appropriate. By the end of May 2007, IBDPR staff completed the chart audits and confirmations for 2003 and 2004 births. When confirmed data for three years are available, the need to continue chart auditing will be evaluated for each CDC-targeted condition.

Hospital Reporting:

All 111 reporting hospitals are now submitting their monthly discharge data using Indiana Health Data Center web portal. By the end of July 2007, 53 hospitals have reported through June 2007, 44 hospitals have reported through May 2007 and 13 hospitals through March 2007. One hospital has only reported through December 2006. (Staff is currently working with this hospital to ensure timely submissions.) Hospitals are required to report birth defects data to IBDPR when they complete coding hospital discharge records for each month. The changes in data collection and recording systems and lack of resources such as medical records or information technology staff have been presented as reasons for the delays or irregular data reporting.

Physician Reporting:

The IBDPR uses physician reporting to identify children with birth defects that may not be diagnosable at birth and may, therefore, be diagnosed in a doctor’s office rather than a hospital. The IBDPR staff considers a physician’s submission as confirmation of a diagnosis. No auditing is done on charts in a physician’s office. If the IBDPR has received duplicate information from a hospital and no chart audit has been completed, the physician’s report will be confirmation of that birth defect and no chart audit will be done at the hospital. IBDPR staff expects that reports of children with certain conditions (i.e. autism and fetal alcohol spectrum disorder) will be ascertained primarily from physician reporting.

In February 2007, IBDPR mailed information packets to statewide physicians and psychologists to acknowledge birth defects awareness month and to inform them about the IBDPR rule expansion. These packets included a letter from the Health Commissioner, new reportable conditions list, revised reporting form to increase the efficiency of reporting and reviewing, an IBDPR fact sheet and an informative flyer about birth defects reporting. The physician’s report form is also available on the IBDPR website (www.in.gov/isdh/programs/ibdpr/birth_defects.pdf).

A total of 951 submissions have been reported by 48 physicians and four psychologists since the beginning of the physician reporting system in January 2004 through July 2007. No

significant increase in physician reporting was observed as a result of the February 2007 mailings. Five new practitioners have reported after March 15, 2007. Seven practitioners report regularly.

Application Development

The IBDPR data mart as well as the Operational Data Store (ODS) continue to be enhanced. In the spring of 2007, newborn screening data from the Universal Hearing Screening Program were integrated into the Operational Data Store (ODS). IBDPR is now working to incorporate audiologist reports in the hearing screening data mart. Integrated data from different data sources increase the accuracy of child health profiles and the efficiency of medical record audits.

In early 2007 the IBDPR began using the mother's county of residence at the time of birth for each birth defect case. Last year, data analysis was based on county of birth instead of mother's county of residence. IBDPR submitted annual data sets of 2003 and 2004 births (Tables 6 and 7) in June 2007, which will be published in Birth Defects Research Part A: Clinical and Molecular Teratology in December 2007. This is required by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement Grant from 2002-2005 to set up a birth defects data collection system separate from vital record information.,

IBDPR is now developing an electronic application which will allow staff members to identify children with certain confirmed birth defects and send educational and resource information packets to their parents or guardians. This application will be ready in the fall of 2007.

Program Development

The goals of the program are to improve the quality of the data available on birth defects in Indiana and to provide information to physicians and families related to understanding the birth defect of their child and resources available to them. The ISDH has promulgated rules regarding the case ascertainment (who and what needs to be reported to ISDH) with each legislative change.

In September 2006, IBDPR rule was amended (IAC 21-3-7 and IAC 21-3-9) to include hearing loss as a reportable condition and to mandate statewide audiologists to report hearing loss diagnoses to the ISDH. The final rule was published in Indiana Registry – October 2006. Also a more efficient and user friendly physician reporting form was made available with the rule amendment. Hospitals, physicians, psychologists and audiologists were informed about the expansion of the IBDPR rule by mail. All data providers are required to report hearing loss data since in January 2007. Updated rule changes can be found on the IBDPR website.

When the electronic application to identify children with certain confirmed birth defects is available, IBDPR will send educational and resource information packets to the parents or

guardians of the children who are born in 2004 and later. The effectiveness of these mailings will be evaluated once the program is fully functioning.

National Meetings Attended

In November 2006, IBDPR and ODS hosted a Connections site visit meeting in Indianapolis funded by the Public Health Informatics Institute. This conference provided strategies, best practices, and lessons learned from Indiana's integrated child health information system and ODS. Connections is a program of the Public Health Informatics Institute and is supported by the Genetic Services Branch of the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA/MCHB).

In January 2007, four staff members attended the 10th annual meeting of National Birth Defects Prevention Network (NBDPN), on "Advances and Opportunities for Birth Defects Surveillance, Research and Prevention" in San Antonio, Texas. Attendance to the conference was recommended by the Centers for Disease Control and Prevention (CDC) and was funded by HRSA Genetics Implementation Grant. It was designed to develop relationships among federal, state and professional organizations that are working towards common goals. At this conference IBDPR presented a poster titled "Development of an Electronic Data Collection and Integration System to Improve the Completeness and Accuracy of Birth Defects" which described its data sources, person-centric database (ODS) and data marts to utilize data for research and education purposes. The conference also provided an opportunity to have discussions about successful approaches to reduce and prevent birth defects.

Statute Requisites

The development of reports has become more detailed as more data have been collected. More information is added daily on children from birth to three or five years of age. Therefore, the same report compiled on different dates for the same time period may have different values. The data for the following reports were compiled on 10/22/2007. Because the numbers of birth defects are so small, the data will be grouped in multiple years, as is done for the national publication. The report reflects the first two years of data available. The reports will continue to become more refined as the program matures.

1) The numbers and types of birth problems occurring in Indiana by county:

The data presented in Tables 1- 3 were obtained from the data files submitted to IBDPR by statewide hospitals as required by the Birth Problems Registry law (IC 16-38-4-7; 410 IAC 21-3) and through physician reporting. The hospitals extract these data from their hospital discharge (UB-92) records.

IBDPR started collecting birth defects data separate from vital records data in the fall of 2002. Therefore, for this report we have analyzed these data for the children born in 2003 and 2004 according to the conditions or categories listed in IBDPR's Reportable Conditions List (Table 1). According to Vital Records data in ODS there are 174,208 live births for 2003 and 2004.

To verify the accuracy of hospital discharge data, IBDPR targeted 44 specific birth defects of the reported conditions to be audited by ISDH staff/contractors. These 44 defects are recommended by the National Birth Defects Prevention Network and are published for most of the states nationwide in Birth Defects Research Part A: Clinical and Molecular Teratology, annually. ISDH chart auditors visit the hospitals and review the medical records of children who have been reported to IBDPR with one or more targeted conditions to assess them as confirmed or probable (Table 5).

About 56 percent of the children reported as having birth defects through hospital discharge data were determined to have confirmed or highly probable (chart audit does not provide the conclusive confirmation evidence, but the genetic specialist concludes that it is highly probable that it is a diagnosis) conditions based on medical chart audits for 2003-2004 births. Of the targeted birth defects reported and confirmed, about 82.5 percent are to non-Hispanic white children, 8.9 percent to non-Hispanic black children, 6 percent to Hispanic children, <1 percent to Asian children and American Indian, and 1.7 percent to children of other races/ethnicities. The data reflects that 2.9% of the births in Indiana were confirmed with a targeted condition. The national estimate for birth defects is 3-5%.

The following explains the attached tables:

Table 1 shows the number of children reported by the hospitals through discharge ICD-9-CM codes for each reportable condition category. These are children who are counted only once for each condition category reported. However, many children with birth defects or problems have more than one defect, so one child may be reflected in more than one condition category. These numbers do not reflect confirmation of the defect, merely hospital reporting. It is important to note that in the Autism and Fetal Alcohol Syndrome (FAS) categories, the number of cases reported by the hospital has decreased in the more recent birth years. This supports the need for the IBDPR to follow children from birth to 3 years of age (or 5 years of age for Autism and FAS) to identify birth conditions that may not manifest themselves for several years beyond birth. The data also reinforce the importance of physician reporting of birth defects or conditions found as the child ages.

Note also that the reporting of “congenital anomalies of integument” (or skin) has increase considerably since reporting started in 2003. This is not a targeted condition, so no confirmations of these conditions have been attempted. However, it might be something the program staff would want to study in the future.

Table 2 shows the number of children reported with only one reportable condition and Table 3 shows the number of children reported with more than one reportable condition. The count is unduplicated by condition category. These tables are subsets of Table 1 and, again, do not reflect whether there is a confirmed diagnosis that supports the discharge code. More children are reported with more than one condition or anomaly than just one.

Tables 4A and 4B reflect the sources of case ascertainment for the targeted conditions and non-targeted reportable conditions. It is important to note that of the targeted conditions, the following have a high percentage of cases that are reported by physician only:

anotia/microtia, 30 percent; autism, 13 percent; diaphragmatic hernia, 5 percent; fetus or newborn affected by maternal alcohol use (FASD), 35 percent; microcephalus, 5 percent; and reduction deformity, upper limbs 13 percent. Of the reportable conditions not included in the target group, 28 percent of the Autism spectrum disorders and 6 percent of chromosomal anomalies are reported by physicians only. Physician reporting is key to having reliable rates for many conditions mentioned.

Table 5 reflects the targeted conditions by categories reported to the IBDPR from hospital discharge data for children born in 2003-2004 and where the medical chart audit found the condition to be confirmed or probable by chart audit. The percentage of confirmed targeted conditions reflects the validity of the hospital discharge reporting.

In Table 5, with a second year of data being incorporated, physician reports available to confirm diagnoses, and a refinement in the reports, the overall percentage of confirmed has dropped from 77 percent to 56 percent. Chromosomal anomalies (85 percent valid) and gastrointestinal anomalies (81.2 percent valid) have the greatest accuracy. Reports through hospital discharge data of "Fetal Alcohol Syndrome" were able to be substantiated by chart audit and physician reports in 69.4 percent (versus 37.5 percent in year one data) of the children. This improvement is probably related to having a second year to diagnose babies born in 2003 plus a second year of births. Additional refinement of the data in Table 5 is needed. Once we have three years of data to review, staff will be able to identify the specific conditions that are accurately reported through hospital discharge.

Table 6 provides the counts and rates per 10,000 births by race of confirmed and probable targeted birth defect conditions for Indiana children born in 2003-2004 who have been reported to IBDPR. (A "probable" condition is one that has been audited where the criteria for confirmation was not complete but was adequate enough to determine the condition to be likely. A "probable" condition is counted as confirmed for counts and rates.) Overall rate of 284 per 10,000 births is very close to national estimates.

Table 7 indicates Trisomy (the presence of three, rather than the normal two, copies of a chromosome, e.g., children born with a third copy of chromosome 21 have Down Syndrome) counts and rates of infants born in 2003-2004 by maternal age.

Table 8 shows the counts and rates per 1,000 births of confirmed and probable targeted birth defect conditions for Indiana children born in 2003-2004 for each county of Indiana. If the count is less than five for a specific targeted condition, the condition is not listed but the count is included in the total defect count for that county. If the total number of defects in a county is less than five, are suppressed in order to maintain confidentiality.

2) The amount of use of the birth problems registry by researchers:

Annual Indiana data of the 2003 births (Table 6) were submitted to National Birth Defects Prevention Network (NBDPN) in June 2007 which will be published in Birth Defects Research Part A: Clinical and Molecular Teratology in December 2007. IBDPR did not receive any other data requests from researchers within this fiscal year. However, an epidemiology masters degree intern will be using the data early in the next fiscal year to

study gastroschisis in Indiana. IBDPR data will be most useful for research and analysis when several years of data are available.

3) Proposals for the prevention of birth problems occurring in Indiana:

The Folic Acid Campaign marketing activities continued with funding from Title V through May 2006. The purpose of the Campaign is to increase awareness and stimulate behavior change with the target audience (women of child bearing age) through educating and marketing a new theme, "Take It, Seriously." Distribution of materials will continue.

Activities for FY 2006 include:

- Distributed Folic Acid Friendly Office Kits (1st quarter 2005) to all WIC Clinics (approximately 160) statewide.
- Provided displays and educational presentations to bridal trade shows and educational conferences.
- Designed middle and high school educational curriculum, now available on the website.
- The "Take It, Seriously" message was marketed in college newspapers, at local sports events, on the radio, and on bookmarks distributed to libraries.
- A follow-up consumer phone survey was completed to determine any increase in folic acid awareness and/or a change in behavior that has occurred in the last year. Of those surveyed in 2006, everyone knew something about folic acid (a 25 percent improvement). All knowledge levels increased, but there was only a 1 percent increase in those who said they knew a lot about folic acid. However, when asked about when folic acid should be taken, 55 percent (up from 10 percent) indicated that it should be taken before pregnancy. This is a good outcome.
- A Folic Acid/In Shape Indiana bookmark was developed and printed for use in clinics and health fairs.
- Website is being maintained and up-dated: (www.in.gov/isdh/programs/FolicAcid)

The Fetal Alcohol Spectrum Disorder (FASD) Task Force met regularly throughout the year to facilitate the development of the needs assessment and strategic plan. The goal of this effort is that "No baby shall be born in Indiana with Fetal Alcohol Spectrum Disorder." The following activities were completed in the last year:

- The needs assessment and strategic plan for addressing Fetal Alcohol Spectrum Disorders (FASD) was completed in June 2006. The strategic plan will be finalized and put on the Web site in the near future.
- The goals of a prevention campaign were determined to be:
 1. To increase awareness of the consequences of alcohol consumption by pregnant women through a direct marketing campaign throughout the state.
 2. To educate Indiana communities about FASD and how to prevent it.
 3. To support the efforts of up to four local communities to plan and implement the FASD Prevention Campaign.
 4. To replicate FASD Prevention Campaigns in additional communities.
 5. To evaluate the FASD Prevention Campaign throughout the state.
- As part of the needs assessment and strategic plan development, surveys were developed, distributed and compiled for women and health professionals, and community dialogues were held to gain insights about the plan.
- Funding opportunities to implement the plan are being evaluated.

APPENDICES

Table 1: Number of Children* Reported** to IBDPR by Birth Year

Condition Name/Category	ICD-9-CM Codes	2003	2004	2005	2006
Adenoma of lung bronchus	212.30		1	1	1
Anomalies of jaw	524.00-524.10	50	54	53	55
Anterior horn cell disease	335.00-335.99	4	8	1	2
Autism, Childhood disintegrative disorder, Asperger, Rett syndrome, and Pervasive developmental disorders not otherwise specified	299.00-299.99	158	79	18	5
Cardiovascular anomalies	745.00-747.99	1,715	1,920	1,939	1,872
Central nervous system anomalies	740.00-742.99	344	311	321	292
Cerebral degenerations usually manifest in childhood	330.00-330.99	9	5	4	
Chromosomal anomalies	758.00-758.99	184	188	177	173
Cleft palate and cleft lip	749.00-749.99	140	167	140	138
Coagulation defects	286.00-286.50	32	21	12	17
Congenital anomalies of integument	757.00-757.99	346	689	1,062	1,495
Congenital nystagmus	379.51	6	3	9	5
Constitutional aplastic anemia	284.00	1	1	1	
Diabetes mellitus	250.00-250.99	164	128	65	40
Diseases of white blood cells	288.00-288.99	615	665	534	375
Disorders involving the immune mechanism	279.00-279.99	54	48	42	21
Dyshormonogenic goiter	246.10	2			
Ear, Face and Neck anomalies	744.00-744.99	192	189	178	170
Eye anomalies	743.00-743.99	237	203	177	158
Fetal alcohol syndrome	760.71	26	29	17	14
Gastrointestinal anomalies	750.30-751.99	344	447	437	467
Genitourinary anomalies	752.00-753.99	1,221	1,375	1,266	1,155
Hereditary hemolytic anemias	282.00-282.99	117	155	128	118
Hereditary retinal dystrophies	362.70			1	
Mesothelioma of peritoneum	211.80		1		
Muscular dystrophies and myopathies	359.00-359.99	16	20	15	10
Musculoskeletal anomalies	754.00-756.99	1,515	1,697	1,604	1,502
Neoplasms of lip	140.00-208.99	96	88	53	35
Neoplasms of skin	216.00-216.99	126	110	103	90
Neoplasms-other	230.00-239.99	64	43	60	60
Other congenital anomalies	759.00-759.99	203	189	190	161
Other testicular dysfunction	257.80		1		
Primary thrombocytopenia	287.30	33	30	7	1
Respiratory system anomalies	748.00-748.99	292	339	325	345
Retrolental fibroplasia	362.21	155	149	145	167
Strabismus and other disorders of binocular eye movement	378.00-378.99	106	85	55	33
Upper alimentary tract anomalies	750.00-750.29	357	361	321	335
Waldenstroms macroglobulinemia	273.30		1	1	1

*whose mothers were Indiana residents at the time of child's birth

**Includes hospital discharge data and physician reports

Data compiled on 10/22/2007.

Table 2: Number of Children* Reported ** to IBDPR with Only One Reportable Condition by Birth Year

Condition Name/Category	ICD-9-CM Codes	2003	2004	2005	2006
Anomalies of jaw	524.00-524.10	6	11	6	10
Anterior horn cell disease	335.00-335.99	1	2	1	
Autism, Childhood disintegrative disorder, Asperger, Rett syndrome, and Pervasive developmental disorders not otherwise specified	299.00-299.99	99	47	10	3
Cardiovascular anomalies	745.00-747.99	682	789	853	825
Central nervous system anomalies	740.00-742.99	111	125	133	122
Cerebral degenerations usually manifest in childhood	330.00-330.99	2	1	3	
Chromosomal anomalies	758.00-758.99	35	30	47	35
Cleft palate and cleft lip	749.00-749.99	49	49	41	56
Coagulation defects	286.00-286.50	18	12	3	9
Congenital anomalies of integument	757.00-757.99	272	572	925	1,265
Congenital nystagmus	379.51	3	1	5	2
Diabetes mellitus	250.00-250.99	115	83	51	29
Diseases of white blood cells	288.00-288.99	479	478	392	267
Disorders involving the immune mechanism	279.00-279.99	18	13	18	5
Dyshormonogenic goiter	246.10	2			
Ear, Face and Neck anomalies	744.00-744.99	112	105	97	85
Eye anomalies	743.00-743.99	172	152	118	103
Fetal alcohol syndrome	760.71	10	11	3	5
Gastrointestinal anomalies	750.30-751.99	233	301	272	317
Genitourinary anomalies	752.00-753.99	844	913	841	778
Hereditary hemolytic anemias	282.00-282.99	85	99	93	86
Mesothelioma of peritoneum	211.80		1		
Muscular dystrophies and myopathies	359.00-359.99	7	7	3	3
Musculoskeletal anomalies	754.00-756.99	1,021	1,119	1,062	1,013
Neoplasms of lip	140.00-208.99	32	29	20	16
Neoplasms of skin	216.00-216.99	96	85	79	62
Neoplasms-other	230.00-239.99	29	23	26	29
Other congenital anomalies	759.00-759.99	58	38	45	46
Other testicular dysfunction	257.80		1		
Primary thrombocytopenia	287.30	14	11	3	
Respiratory system anomalies	748.00-748.99	122	140	122	160
Retrolental fibroplasia	362.21	45	56	47	66
Strabismus and other disorders of binocular eye movement	378.00-378.99	54	41	23	17
Upper alimentary tract anomalies	750.00-750.29	284	287	257	277
Waldenstroms macroglobulinemia	273.30		1	1	1

*whose mothers were Indiana residents at the time of child's birth

**includes hospital discharge data and physician reports

Data compiled on 10/22/2007.

Table 3: Number of Children* Reported** to IBDPR with More Than One Reportable Condition by Birth Year

Condition Name/Category	ICD-9-CM Codes	2003	2004	2005	2006
Adenoma of lung bronchus	212.30		1	1	1
Anomalies of jaw	524.00-524.10	44	43	47	45
Anterior horn cell disease	335.00-335.99	3	6		2
Autism, Childhood disintegrative disorder, Asperger, Rett syndrome, and Pervasive developmental disorders not otherwise specified	299.00-299.99	59	32	8	2
Cardiovascular anomalies	745.00-747.99	1,033	1,131	1,086	1,047
Central nervous system anomalies	740.00-742.99	233	186	188	170
Cerebral degenerations usually manifest in childhood	330.00-330.99	7	4	1	
Chromosomal anomalies	758.00-758.99	149	158	130	138
Cleft palate and cleft lip	749.00-749.99	91	118	99	82
Coagulation defects	286.00-286.50	14	9	9	8
Congenital anomalies of integument	757.00-757.99	74	117	137	230
Congenital nystagmus	379.51	3	2	4	3
Constitutional aplastic anemia	284.00	1	1	1	
Diabetes mellitus	250.00-250.99	49	45	14	11
Diseases of white blood cells	288.00-288.99	136	187	142	108
Disorders involving the immune mechanism	279.00-279.99	36	35	24	16
Ear, Face and Neck anomalies	744.00-744.99	80	84	81	85
Eye anomalies	743.00-743.99	65	51	59	55
Fetal alcohol syndrome	760.71	16	18	14	9
Gastrointestinal anomalies	750.30-751.99	111	146	165	150
Genitourinary anomalies	752.00-753.99	377	462	425	377
Hereditary hemolytic anemias	282.00-282.99	32	56	35	32
Hereditary retinal dystrophies	362.70			1	
Muscular dystrophies and myopathies	359.00-359.99	9	13	12	7
Musculoskeletal anomalies	754.00-756.99	494	578	542	489
Neoplasms of lip	140.00-208.99	64	59	33	19
Neoplasms of skin	216.00-216.99	30	25	24	28
Neoplasms-other	230.00-239.99	35	20	34	31
Other congenital anomalies	759.00-759.99	145	151	145	115
Primary thrombocytopenia	287.30	19	19	4	1
Respiratory system anomalies	748.00-748.99	170	199	203	185
Retrolental fibroplasia	362.21	110	93	98	101
Strabismus and other disorders of binocular eye movement	378.00-378.99	52	44	32	16
Upper alimentary tract anomalies	750.00-750.29	73	74	64	58

*whose mothers were Indiana residents at the time of child's birth

**includes hospital discharge data and physician reports

Data compiled on 10/22/2007.

Table 4A: Sources of Case Ascertainment Data for Targeted Conditions of 2003-2004 Births to Indiana Women

Defect	Total	Reported by Physician	Reported by Physician Only	Reported by Physician and Hospital	Reported by Hospital Only
Anencephalus	12	0	0	0	12
Aniridia	2	0	0	0	2
Anophthalmia/microphthalmia	30	1	1	0	29
Anotia/microtia	10	3	3	0	7
Aortic valve stenosis	57	0	0	0	57
Atrial septal defect	1,759	4	3	1	1,755
Autism	173	35	23	12	138
Biliary atresia	15	0	0	0	15
Bladder exstrophy	3	0	0	0	3
Choanal atresia	34	0	0	0	34
Cleft lip with and without cleft palate	296	8	4	4	288
Cleft palate without cleft lip	189	10	3	7	179
Coarctation of aorta	151	5	3	2	146
Common truncus	13	0	0	0	13
Congenital cataract	29	1	0	1	28
Congenital hip dislocation	231	0	0	0	231
Diaphragmatic hernia	53	3	3	0	50
Down syndrome	219	24	5	19	195
Ebstein's anomaly	13	0	0	0	13
Encephalocele	18	0	0	0	18
Endocardial cushion defect	116	2	1	1	114
Esophageal atresia/tracheoesophageal fistula	38	0	0	0	38
Fetus or newborn affected by maternal alcohol use	55	28	19	9	27
Gastroschisis	62	0	0	0	62
Hirschsprung's disease (congenital megacolon)	47	1	0	1	46
Hydrocephalus without spina bifida	128	1	0	1	127
Hypoplastic left heart syndrome	44	0	0	0	44
Hypospadias and Epispadias	683	5	4	1	678
Microcephalus	250	17	13	4	233
Obstructive genitourinary defect	571	0	0	0	571
Omphalocele	8	0	0	0	8
Patent ductus arteriosus	1,346	2	1	1	1,344
Pulmonary valve atresia and stenosis	253	1	0	1	252
Pyloric stenosis	462	0	0	0	462
Rectal and large intestinal atresia/stenosis	59	0	0	0	59
Reduction deformity, lower limbs	29	2	1	1	27
Reduction deformity, upper limbs	53	9	7	2	44
Renal agenesis/hypoplasia	55	0	0	0	55
Spina bifida without anencephalus	151	2	1	1	149
Tetralogy of fallot	80	0	0	0	80
Transposition of great arteries	126	1	0	1	125
Tricuspid valve atresia and stenosis	21	0	0	0	21
Trisomy 13	19	3	1	2	16
Trisomy 18	22	3	0	3	19
Ventricular septal defect	891	8	6	2	883

Data compiled on 10/22/2007.

Table 4B: Sources of Case Ascertainment Data for Reportable Conditions* of 2003-2004 Births to Indiana Women

Condition Name/Category	Total	Reported by Physician	Reported by Physician Only	Reported by Physician and Hospital	Reported by Hospital Only
Adenoma of lung bronchus	1	0	0	0	1
Anomalies of jaw	118	2	2	0	116
Anterior horn cell disease	13	0	0	0	13
Autism, Childhood disintegrative disorder, Asperger, Rett syndrome, and Pervasive developmental disorders not otherwise specified	87	29	25	4	58
Cardiovascular anomalies	1959	12	9	3	1,947
Central nervous system anomalies	280	2	1	1	278
Cerebral degenerations usually manifest in childhood	14	1	1	0	13
Chromosomal anomalies	173	16	11	5	157
Cleft palate and cleft lip	4	0	0	0	4
Coagulation defects	72	0	0	0	72
Congenital anomalies of integument	1067	4	2	2	1,063
Congenital nystagmus	9	0	0	0	9
Constitutional aplastic anemia	2	0	0	0	2
Diabetes mellitus	361	1	1	0	360
Diseases of white blood cells	1337	0	0	0	1,337
Disorders involving the immune mechanism	128	1	0	1	127
Dyshormonogenic goiter	2	0	0	0	2
Ear, Face and Neck anomalies	403	4	3	1	399
Eye anomalies	406	1	1	0	405
Gastrointestinal anomalies	229	0	0	0	229
Genitourinary anomalies	1819	4	2	2	1,815
Hereditary hemolytic anemias	325	0	0	0	325
Mesothelioma of peritoneum	1	0	0	0	1
Muscular dystrophies and myopathies	44	1	1	0	43
Musculoskeletal anomalies	3425	71	51	20	3,354
Neoplasms	721	4	3	1	717
Other congenital anomalies	421	26	20	6	395
Other Testicular dysfunction	1	0	0	0	1
Primary thrombocytopenia	64	0	0	0	64
Respiratory system anomalies	633	8	7	1	625
Retrolental fibroplasia	304	0	0	0	304
Strabismus and other disorders of binocular eye movement	214	3	3	0	211
Upper alimentary tract anomalies	722	6	6	0	716
Waldenstroms macroglobulinemia	1	0	0	0	1

*excludes targeted conditions

Data compiled on 10/22/2007.

Table 5: Targeted Conditions Reported to IBDPR via Hospital Discharge Data for Children Born in 2003-2004 which are Confirmed or Determined as Probable by Medical Chart Audits or Physician Reports

Category	ICD-9-CM Codes	Number of Children	Targeted Conditions Reported	Conditions per Child	Targeted Conditions Confirmed	Confirmed/ Probable Percentage
Autism, childhood disintegrative disorder, Asperger, Rett syndrome, and pervasive developmental disorders not otherwise specified	299.00-299.99	149	150	1.01	14	9.3%
Cardiovascular anomalies	745.00-747.99	3057	4856	1.59	2294	47.2%
Central nervous system anomalies	740.00-742.99	467	545	1.17	321	58.9%
Chromosomal anomalies	758.00-758.99	249	254	1.02	216	85.0%
Cleft palate and cleft lip	749.00-749.99	306	478	1.56	306	64.0%
Ear, Face and Neck anomalies	744.00-744.99	7	7	1.00	5	71.4%
Eye anomalies	743.00-743.99	56	60	1.07	34	56.7%
Fetal alcohol syndrome	760.71	36	36	1.00	25	69.4%
Gastrointestinal anomalies	750.30-751.99	606	621	1.02	504	81.2%
Genitourinary anomalies	752.00-753.99	1206	1308	1.08	914	69.9%
Musculoskeletal anomalies	754.00-756.99	390	425	1.09	256	60.2%
Respiratory system anomalies	748.00-748.99	34	34	1.00	21	61.8%

Data compiled on 10/22/2007.

Table 6: Confirmed and Probable Counts and Rates by Race of the Targeted Conditions for 2003-2004 Births to Indiana Women (Rates per 10,000 live births displayed in shaded area.)

Defect	Race/Ethnicity						Total
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	Other / Unknown	
Anencephalus	5	1	2	0	0	0	8
	0.36	0.53	1.46	0	0		0.46
Aniridia	0	1	0	0	0	0	1
	0	0.53	0	0	0		0.06
Anophthalmia/microphthalmia	8	1	1	0	0	2	12
	0.58	0.53	0.73	0	0		0.69
Anotia/microtia	4	0	3	0	0	1	8
	0.29	0	2.19	0	0		0.46
Aortic valve stenosis	34	1	1	0	0	0	36
	2.47	0.53	0.73	0	0		2.07
Atrial septal defect	553	71	37	1	1	6	669
	40.24	37.91	27.06	13.40	46.95		38.40
Autism	31	2	1	0	0	3	37
	2.26	1.07	0.73	0	0		2.12
Biliary atresia	9	1	2	0	0	1	13
	0.65	0.53	1.46	0	0		0.75
Bladder exstrophy	0	0	0	1	0	1	2
	0	0	0	13.40	0		0.11
Choanal atresia	17	2	2	0	0	0	21
	1.24	1.07	1.46	0	0		1.21
Cleft lip with and without cleft palate	169	7	16	0	0	5	197
	12.30	3.74	11.70	0	0		11.31
Cleft palate without cleft lip	97	8	6	0	0	2	113
	7.06	4.27	4.39	0	0		6.49
Coarctation of aorta	89	9	8	1	0	2	109
	6.48	4.81	5.85	13.40	0		6.26
Common truncus	8	2	0	0	0	0	10
	0.58	1.07	0	0	0		0.57
Congenital cataract	16	3	3	0	0	0	22
	1.16	1.60	2.19	0	0		1.26
Congenital hip dislocation	89	4	12	0	0	2	107
	6.48	2.14	8.78	0	0		6.14
Diaphragmatic hernia	38	3	4	1	0	0	46
	2.76	1.60	2.93	13.40	0		2.64
Down syndrome	163	15	8	1	0	3	190
	11.86	8.01	5.85	13.40	0		10.91
Ebstein's anomaly	8	1	2	0	0	0	11
	0.58	0.53	1.46	0	0		0.63
Encephalocele	9	1	2	0	0	0	12
	0.65	0.53	1.46	0	0		0.69
Endocardial cushion defect	79	8	3	0	0	1	91
	5.75	4.27	2.19	0	0		5.22
Esophageal atresia/tracheoesophageal fistula	26	2	1	1	0	0	30
	1.89	1.07	0.73	13.40	0		1.72

Note 1—Rates based on fewer than 20 cases are unstable and are not comparable.

Note 2—Race is assigned to the child based on the mother's reporting about herself.

Data compiled on 10/22/2007.

Table 6: Continued. Confirmed and Probable Counts and Rates by Race of the Targeted Conditions for 2003-2004 Births to Indiana Women (Rates per 10,000 live births displayed in shaded area.)

Defect	Race/Ethnicity						Total
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	Other / Unknown	
Fetus or newborn affected by maternal alcohol use	31	8	0	0	0	5	44
	2.26	4.27	0	0	0		2.53
Gastroschisis	35	2	4	0	0	1	42
	2.55	1.07	2.93	0	0		2.41
Hirschsprung's disease (congenital megacolon)	30	4	0	1	0	0	35
	2.18	2.14	0	13.40	0		2.01
Hydrocephalus without Spina Bifida	78	12	6	0	0	2	98
	5.68	6.41	4.39	0	0		5.63
Hypoplastic left heart syndrome	29	4	0	1	0	0	34
	2.11	2.14	0	13.40	0		1.95
Hypospadias and Epispadias	405	48	12	2	0	8	475
	29.47	25.63	8.78	26.81	0		27.27
Microcephalus	110	20	11	0	0	3	144
	8	10.68	8.04	0	0		8.27
Obstructive genitourinary defect	340	34	19	2	2	7	404
	24.74	18.15	13.89	26.81	93.90		23.19
Omphalocele	6	0	2	0	0	0	8
	0.44	0	1.46	0	0		0.46
Patent ductus arteriosus	305	52	23	2	0	3	385
	22.19	27.76	16.82	26.81	0		22.10
Pulmonary valve atresia and stenosis	141	18	9	2	0	5	175
	10.26	9.61	6.58	26.81	0		10.05
Pyloric stenosis	328	19	29	1	0	2	379
	23.87	10.14	21.21	13.40	0		21.76
Rectal and large intestinal atresia/stenosis	40	4	1	1	0	1	47
	2.91	2.14	0.73	13.40	0		2.70
Reduction deformity, lower limbs	17	2	0	0	0	0	19
	1.24	1.07	0	0	0		1.09
Reduction deformity, upper limbs	39	2	3	0	0	0	44
	2.84	1.07	2.19	0	0		2.53
Renal agenesis/hypoplasia	28	4	3	1	1	0	37
	2.04	2.14	2.19	13.40	46.95		2.12
Spina bifida without anencephalus	56	4	11	1	0	1	73
	4.07	2.14	8.04	13.40	0		4.19
Tetralogy of fallot	42	11	2	0	0	2	57
	3.06	5.87	1.46	0	0		3.27
Transposition of great arteries	67	6	5	1	0	1	80
	4.88	3.20	3.66	13.40	0		4.59
Tricuspid valve atresia and stenosis	16	0	0	0	0	1	17
	1.16	0	0	0	0		0.98
Trisomy 13	10	1	5	0	0	1	17
	0.73	0.53	3.66	0	0		0.98

Note 1—Rates based on fewer than 20 cases are unstable and are not comparable.

Note 2—Race is assigned to the child based on the mother's reporting about herself.

Data compiled on 10/22/2007.

Table 6: Continued. Confirmed and Probable Counts and Rates by Race of the Targeted Conditions for 2003-2004 Births to Indiana Women (Rates per 10,000 live births displayed in shaded area.)

Defect	Race/Ethnicity						Total
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	Other / Unknown	
Trisomy 18	10	1	2	1	1	0	15
	0.73	0.53	1.46	13.40	46.95		0.86
Ventricular septal defect	496	44	48	3	3	14	608
	36.09	23.49	35.10	40.21	140.85		34.90
All Defects	4111	443	309	25	8	86	4982
	299.12	236.53	225.98	335.12	375.59		285.98
Total Live Births	137435	18729	13674	746	213		174206

The counts and rates of occurrences of defects reflected in this report are based on the Indiana Birth Defects & Problems Registry Data. Only those conditions which have been confirmed or which have been determined to be highly probable by the Chart Audit Process are included in the data. This report is based on real time data and subject to change based on additions and corrections to the data.

Note 1—Rates based on fewer than 20 cases are unstable and are not comparable.

Note 2—Race is assigned to the child based on the mother's reporting about herself.

Data compiled on 10/22/2007.

Table 7: Confirmed and Probable Counts and Rates of Trisomy by Maternal Age for 2003-2004 Births to Indiana Women (Rates per 10,000 live births displayed in the shaded area.)

Defect	Age		
	<35	35 and >	Total(**)
Down syndrome	114	76	190
	7.29	42.46	10.91
Trisomy 13	11	6	17
	0.70	3.35	0.98
Trisomy 18	7	8	15
	0.45	4.47	0.86
Total Live Births	156,306	17,900	174,206

The counts and rates of occurrences of defects reflected in this report are based on the Indiana Birth Defects & Problems Registry Data. Only those conditions which have been confirmed or which have been determined to be highly probable by the Chart Audit Process are included in the data. This report is based on real time data and subject to change based on additions and corrections to the data.

** Total Includes Unknown Age

Note—Rates based on fewer than 20 cases are unstable and are not comparable.

Data compiled on 10/22/2007.

Table 8: Confirmed and Probable Counts and Rates of Targeted Conditions for 2003-2004 Births to Indiana Women by County (Rates per 1,000 live births.)

County	Live Births			County	Live Births		
Defect		Total Number	Rate	Defect		Total Number	Rate
ADAMS	1145			CLARK	2012		
Ventricular septal defect		5	4.37	Atrial septal defect		6	2.98
All Defects		26	22.71	Hypospadias and Epispadias		6	2.98
ALLEN	10097			Ventricular septal defect		16	7.95
Atrial septal defect		91	9.01	All Defects		43	21.37
Cleft lip with and without cleft palate		15	1.49	CLAY	567		
Cleft palate without cleft lip		10	0.99	All Defects		16	28.22
Coarctation of aorta		6	0.59	CLINTON	848		
Down syndrome		6	0.59	All Defects		21	24.76
Fetus or newborn affected by maternal alcohol use		10	0.99	CRAWFORD	208		
Hydrocephalus without Spina Bifida		5	0.5	All Defects		*	
Hypospadias and Epispadias		26	2.58	DAVISS	515		
Microcephalus		23	2.28	All Defects		9	17.48
Obstructive genitourinary defect		7	0.69	DEARBORN	677		
Patent ductus arteriosus		34	3.37	All Defects		7	10.34
Pulmonary valve atresia and stenosis		21	2.08	DECATUR	666		
Pyloric stenosis		22	2.18	Pyloric stenosis		5	7.51
Rectal and large intestinal atresia/stenosis		6	0.59	All Defects		19	28.53
Tetralogy of fallot		5	0.5	DEKALB	977		
Ventricular septal defect		46	4.56	Atrial septal defect		7	7.16
All Defects		370	36.64	Ventricular septal defect		8	8.19
BARTHOLOMEW	1810			All Defects		37	37.87
Atrial septal defect		6	3.31	DELAWARE	2489		
Obstructive genitourinary defect		6	3.31	Atrial septal defect		28	11.25
Ventricular septal defect		5	2.76	Hypospadias and Epispadias		7	2.81
All Defects		44	24.31	Obstructive genitourinary defect		18	7.23
BENTON	216			Patent ductus arteriosus		11	4.42
All Defects		*		Pyloric stenosis		7	2.81
BLACKFORD	283			Ventricular septal defect		16	6.43
All Defects		13	45.94	All Defects		117	47.01
BOONE	1275			DUBOIS	900		
Atrial septal defect		11	8.63	All Defects		16	17.78
Coarctation of aorta		6	4.71				
Obstructive genitourinary defect		8	6.27				
Ventricular septal defect		9	7.06				
All Defects		52	40.78				
BROWN	287						
All Defects		*					
CARROLL	432						
All Defects		9	20.83				
CASS	882						
All Defects		18	20.41				

* Indicates <5 in number occurred.

Note—Rates based on fewer than 20 cases are unstable and are not comparable

Data compiled on 10/24/2007.

Table 8: (Continued) Confirmed and Probable Counts and Rates of Targeted Conditions for 2003-2004 Births to Indiana Women by County (Rates per 1,000 live births.)

ELKHART	5842			HENDRICKS	3080		
Atrial septal defect		28	4.79	Atrial septal defect		12	3.9
Cleft lip with and without cleft palate		5	0.86	Congenital hip dislocation		5	1.62
Coarctation of aorta		5	0.86	Hypospadias and Epispadias		5	1.62
Congenital hip dislocation		6	1.03	Obstructive genitourinary defect		10	3.25
Down syndrome		9	1.54	Patent ductus arteriosus		12	3.9
Hydrocephalus without Spina Bifida		5	0.86	Pulmonary valve atresia and stenosis		5	1.62
Hypospadias and Epispadias		6	1.03	Pyloric stenosis		5	1.62
Microcephalus		5	0.86	Ventricular septal defect		8	2.6
Obstructive genitourinary defect		12	2.05	All Defects		84	27.27
Patent ductus arteriosus		28	4.79	HENRY	907		
Pulmonary valve atresia and stenosis		9	1.54	All Defects		25	27.56
Pyloric stenosis		23	3.94	HOWARD	2278		
Ventricular septal defect		27	4.62	Atrial septal defect		10	4.39
All Defects		206	35.26	Cleft lip with and without cleft palate		6	2.63
FAYETTE	502			Hypospadias and Epispadias		11	4.83
All Defects		6	11.95	Obstructive genitourinary defect		8	3.51
FLOYD	1299			Patent ductus arteriosus		6	2.63
Ventricular septal defect		5	3.85	Pyloric stenosis		7	3.07
All Defects		18	13.86	Ventricular septal defect		7	3.07
FOUNTAIN	320			All Defects		83	36.44
All Defects		14	43.75	HUNTINGTON	865		
FRANKLIN	300			Atrial septal defect		19	21.97
All Defects		5	16.67	Hypospadias and Epispadias		8	9.25
FULTON	461			Ventricular septal defect		5	5.78
All Defects		15	32.54	All Defects		58	67.05
GIBSON	483			JACKSON	1048		
All Defects		6	12.42	Atrial septal defect		8	7.63
GRANT	341			Pyloric stenosis		6	5.73
All Defects		12	35.19	All Defects		36	34.35
GREENE	354			JASPER	710		
All Defects		11	31.07	All Defects		13	18.31
HAMILTON	7124			JAY	538		
Atrial septal defect		18	2.53	Atrial septal defect		5	9.29
Cleft lip with and without cleft palate		7	0.98	All Defects		16	29.74
Coarctation of aorta		7	0.98	JEFFERSON	625		
Congenital hip dislocation		8	1.12	All Defects		12	19.2
Down syndrome		9	1.26	JENNINGS	682		
Hypospadias and Epispadias		29	4.07	Hypospadias and Epispadias		8	11.73
Obstructive genitourinary defect		39	5.47	All Defects		22	32.26
Patent ductus arteriosus		18	2.53	JOHNSON	3333		
Pyloric stenosis		13	1.82	Atrial septal defect		12	3.6
Ventricular septal defect		37	5.19	Down syndrome		5	1.5
All Defects		242	33.97	Hypospadias and Epispadias		9	2.7
HANCOCK	1507			Pyloric stenosis		7	2.1
Atrial septal defect		9	5.97	Ventricular septal defect		6	1.8
Hypospadias and Epispadias		7	4.64	All Defects		80	24
Pyloric stenosis		5	3.32	KNOX	835		
Ventricular septal defect		6	3.98	All Defects		30	35.93
All Defects		52	34.51				
HARRISON	619						
All Defects		*					

* Indicates <5 in number occurred.

Note—Rates based on fewer than 20 cases are unstable and are not comparable.

Data compiled on 10/24/2007.

Table 8: (Continued) Confirmed and Probable Counts and Rates of Targeted Conditions for 2003-2004 Births to Indiana Women by County (Rates per 1,000 live births.)

KOSCIUSKO 1974			MARION 27982		
Atrial septal defect	13	6.59	Aortic valve stenosis	5	0.18
Hypospadias and Epispadias	7	3.55	Atrial septal defect	108	3.86
Patent ductus arteriosus	5	2.53	Autism	5	0.18
Pyloric stenosis	8	4.05	Choanal atresia	7	0.25
All Defects	56	28.37	Cleft lip with and without cleft palate	21	0.75
LAGRANGE 1148			Cleft palate without cleft lip	25	0.89
All Defects	33	28.75	Coarctation of aorta	15	0.54
LAKE 12522			Congenital cataract	5	0.18
Atrial septal defect	10	0.8	Congenital hip dislocation	15	0.54
Cleft palate without cleft lip	6	0.48	Diaphragmatic hernia	10	0.36
Congenital hip dislocation	7	0.56	Down syndrome	28	1
Down syndrome	13	1.04	Endocardial cushion defect	9	0.32
Hydrocephalus without Spina Bifida	7	0.56	Esophageal atresia/tracheoesophageal fistula	5	0.18
Hypospadias and Epispadias	20	1.6	Fetus or newborn affected by maternal alcohol use	5	0.18
Microcephalus	5	0.4	Gastroschisis	10	0.36
Obstructive genitourinary defect	15	1.2	Hirschsprung's disease (congenital megacolon)	6	0.21
Patent ductus arteriosus	7	0.56	Hydrocephalus without Spina Bifida	25	0.89
Pyloric stenosis	22	1.76	Hypoplastic left heart syndrome	5	0.18
Ventricular septal defect	32	2.56	Hypospadias and Epispadias	97	3.47
All Defects	196	15.65	Microcephalus	26	0.93
LAPORTE 2363			Obstructive genitourinary defect	83	2.97
Atrial septal defect	11	4.66	Patent ductus arteriosus	69	2.47
Hypospadias and Epispadias	7	2.96	Pulmonary valve atresia and stenosis	27	0.96
Obstructive genitourinary defect	6	2.54	Pyloric stenosis	61	2.18
Patent ductus arteriosus	14	5.92	Rectal and large intestinal atresia/stenosis	8	0.29
Pyloric stenosis	8	3.39	Reduction deformity, upper limbs	5	0.18
Ventricular septal defect	12	5.08	Renal agenesis/hypoplasia	8	0.29
All Defects	85	35.97	Spina bifida without anencephalus	8	0.29
LAWRENCE 995			Tetralogy of fallot	10	0.36
Obstructive genitourinary defect	8	8.04	Transposition of great arteries	16	0.57
All Defects	25	25.13	Trisomy 13	5	0.18
MADISON 3040			Ventricular septal defect	87	3.11
Atrial septal defect	7	2.3	All Defects	836	29.88
Hypospadias and Epispadias	9	2.96	MARSHALL 1190		
Microcephalus	5	1.64	All Defects	19	15.97
Obstructive genitourinary defect	11	3.62	MARTIN 123		
Pyloric stenosis	7	2.3	All Defects	5	40.65
Ventricular septal defect	9	2.96	MIAMI 758		
All Defects	93	30.59	All Defects	18	23.75
			MONROE 2396		
			Atrial septal defect	8	3.34
			Hypospadias and Epispadias	7	2.92
			Obstructive genitourinary defect	5	2.09
			Patent ductus arteriosus	8	3.34
			Ventricular septal defect	8	3.34
			All Defects	62	25.88
			MONTGOMERY 821		
			All Defects	15	18.27

* Indicates <5 in number occurred.

Note—Rates based on fewer than 20 cases are unstable and are not comparable.

Data compiled on 10/24/2007.

Table 8: (Continued) Confirmed and Probable Counts and Rates of Targeted Conditions for 2003-2004 Births to Indiana Women by County (Rates per 1,000 live births.)

MORGAN	1664			STEUBEN	658		
Hypospadias and Epispadias		13	7.81	Pyloric stenosis		5	7.6
Ventricular septal defect		5	3	All Defects		21	31.91
All Defects		55	33.05	STJOSEPH	6969		
NEWTON	240			Atrial septal defect		27	3.87
All Defects		5	20.83	Cleft lip with and without cleft palate		5	0.72
NOBLE	1226			Congenital hip dislocation		5	0.72
Ventricular septal defect		8	6.53	Down syndrome		11	1.58
All Defects		46	37.52	Endocardial cushion defect		6	0.86
OHIO	95			Hydrocephalus without Spina Bifida		11	1.58
All Defects		*		Hypospadias and Epispadias		10	1.43
ORANGE	389			Microcephalus		5	0.72
All Defects		14	35.99	Obstructive genitourinary defect		7	1
OWEN	422			Patent ductus arteriosus		46	6.6
All Defects		16	37.91	Pyloric stenosis		9	1.29
PARKE	264			Ventricular septal defect		21	3.01
All Defects		6	22.73	All Defects		217	31.14
PERRY	362			SULLIVAN	368		
All Defects		9	24.86	All Defects		8	21.74
PIKE	252			SWITZERLAND	185		
All Defects		12	47.62	All Defects		*	
PORTER	3463			TIPPECANOE	3887		
Atrial septal defect		5	1.44	Atrial septal defect		14	3.6
Down syndrome		7	2.02	Cleft lip with and without cleft palate		6	1.54
Hypospadias and Epispadias		7	2.02	Down syndrome		8	2.06
Obstructive genitourinary defect		6	1.73	Hypospadias and Epispadias		8	2.06
Pyloric stenosis		10	2.89	Patent ductus arteriosus		7	1.8
Ventricular septal defect		17	4.91	Pulmonary valve atresia and stenosis		7	1.8
All Defects		90	25.99	Pyloric stenosis		5	1.29
POSEY	537			Ventricular septal defect		15	3.86
All Defects		10	18.62	All Defects		100	25.73
PULASKI	283			TIPTON	366		
All Defects		5	17.67	All Defects		10	27.32
PUTNAM	713			UNION	40		
Atrial septal defect		5	7.01	All Defects		*	
All Defects		27	37.87				
RANDOLPH	486						
All Defects		10	20.58				
RIPLEY	591						
All Defects		10	16.92				
RUSH	326						
All Defects		18	55.21				
SCOTT	485						
Atrial septal defect		6	12.37				
All Defects		19	39.18				
SHELBY	996						
Atrial septal defect		6	6.02				
Ventricular septal defect		8	8.03				
All Defects		43	43.17				
SPENCER	324						
All Defects		8	24.69				
STARKE	513						
All Defects		7	13.65				

* Indicates <5 in number occurred.

Note—Rates based on fewer than 20 cases are unstable and are not comparable.

Data compiled on 10/24/2007.

Table 8: (Continued) Confirmed and Probable Counts and Rates of Targeted Conditions for 2003-2004 Births to Indiana Women by County (Rates per 1,000 live births.)

VANDERBURGH	4479		
Atrial septal defect	5	1.12	
Coarctation of aorta	5	1.12	
Hypospadias and Epispadias	13	2.9	
Obstructive genitourinary defect	7	1.56	
Patent ductus arteriosus	8	1.79	
Pyloric stenosis	20	4.47	
Ventricular septal defect	15	3.35	
All Defects	111	24.78	
VERMILLION	313		
All Defects	12	38.34	
VIGO	2442		
Atrial septal defect	7	2.87	
Hypospadias and Epispadias	6	2.46	
Microcephalus	5	2.05	
Obstructive genitourinary defect	9	3.69	
Patent ductus arteriosus	7	2.87	
Pyloric stenosis	9	3.69	
Ventricular septal defect	6	2.46	
All Defects	74	30.3	
WABASH	669		
Atrial septal defect	6	8.97	
Ventricular septal defect	6	8.97	
All Defects	32	47.83	
WARREN	151		
All Defects	5	33.11	
WARRICK	1253		
Hypospadias and Epispadias	5	3.99	
Obstructive genitourinary defect	5	3.99	
All Defects	29	23.14	
Total Live Births	174206		

WASHINGTON	584		
All Defects	7	11.99	
WAYNE	1464		
Obstructive genitourinary defect	5	3.42	
Ventricular septal defect	5	3.42	
All Defects	38	25.96	
WELLS	664		
Atrial septal defect	7	10.54	
Ventricular septal defect	6	9.04	
All Defects	31	46.69	
WHITE	562		
All Defects	13	23.13	
WHITLEY	738		
Hypospadias and Epispadias	5	6.78	
All Defects	29	39.3	
UNKNOWN	19132		
Aortic valve stenosis	5	0.26	
Atrial septal defect	59	3.08	
Autism	5	0.26	
Cleft lip with and without cleft palate	13	0.68	
Coarctation of aorta	5	0.26	
Congenital hip dislocation	14	0.73	
Down syndrome	18	0.94	
Endocardial cushion defect	10	0.52	
Hydrocephalus without Spina Bifida	5	0.26	
Hypospadias and Epispadias	40	2.09	
Microcephalus	11	0.57	
Obstructive genitourinary defect	28	1.46	
Patent ductus arteriosus	20	1.05	
Pulmonary valve atresia and stenosis	16	0.84	
Pyloric stenosis	31	1.62	
Spina bifida without anencephalus	7	0.37	
Tetralogy of fallot	5	0.26	
Transposition of great arteries	6	0.31	
Ventricular septal defect	51	2.67	
All Defects	394	20.59	

* Indicates <5 in number occurred.

Note—Rates based on fewer than 20 cases are unstable and are not comparable.

Data compiled on 10/24/2007.